MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/030981	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		*	*		*		*	
1	/		/				51							
2	/		/				52							
3		2		/			53							
4	/		/				54							
5		/		/			55							
6	/		/				56							
7	/		/				57							
8	/		/				58							
9		0		/			59							
10		0		/			60							
11		0		/			61							
12		0		/			62							
13				/			63							
14				/			64							
15				/			65							
16				/			66							
17				/			67							
18				/			68							
19				/			69							
20				/			70							
21				/			71							
22				/			72							
23				/			73							
24				/			74							
25				/			75							
26				/			76							
27				/			77							
28				/			78							
29				/			79							
30				/			80							
31				/			81							
32				/			82							
33				/			83							
34				/			84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	6		6				TOTAL IND.							
TOTAL DEP.	7		23				TOTAL DEP.							
TOTAL CLAIMS	15		29				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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